

Franklin County Board of Health

HOUSEHOLD SEWAGE SYSTEM VARIANCE APPLICATION *INFORMATION REQUIRED FOR A VARIANCE REQUEST TO BE COMPLETED BY THE PROPERTY OWNER*

1. Name of property owner(s): _____

2. Mailing address of property owner(s): _____
(Number and Street)

(City/Village) (State) (Zip Code)

3. Daytime phone number(s): (_____) (_____) _____
(Business/Residence) (Cell)

4. Name of person(s) making request and their title and relation to owner (if other than the owner): _____

5. Mailing address of person making the request (if other than the owner):

(Number and Street) (City/Village) (State) (Zip Code)

6. Daytime phone number of person making request (if other than the owner):

(_____) (_____) _____
(Business/Residence) (Cell)

7. Address of property where the variance request is applicable: _____
(Number and Street)

(City/Village) (State) (Zip Code)

8. Please supply the (Township, Tax District and Parcel Number) for this property:

(Township) (Tax Parcel) (Parcel Number)

9. Variance request from Houses hold sewage Disposal Systems Regulations 701.01—701.22:

Private Sewage Data:

New construction: _____ Alteration: _____

☐ No alternate replacement area
701.02(H)1

☐ Lot size less than 40,000
sq. ft. 701.02(H)2

☐ 701.02(K) Less than minimum distance from:

Proposed

- ☐ Occupied dwelling min. 10' _____
☐ Water service line min. 10' _____
☐ Water supply source min. 50' _____
☐ Less than 4' from bedrock/water table 701.10
☐ Experimental, Special device, Other: _____

Applicant must explain the reason why the strict application of the regulation would be an unusual or unnecessary hardship, by:

1. Describing the practical difficulties or other special conditions present on the lot in question;
2. Describing how the variance, if granted, will not be contrary to the public interest and not defeat the spirit and intent of the said regulations.

Submit request to:

Franklin County Board of Health
Attn: Mr. Paul A. Rosile, MPH, RS
Assistant Health Commissioner for Environmental Services
280 East Broad Street, 2nd Floor
Columbus, Ohio 43215-4562
Phone (614) 462-3160 ◀▶ Fax (614) 462-3851